*Programme de recherche sur les politiques en matière de santé*
*Résumé du rapport final*

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| Titre : | **Cadres de prestation de soins de santé et politiques : Atelier de recherche de collaboration internationale 10 - 14 juin 2002** |
| Nom du chercheur : | **Professeur Peter C. Coyte** |
| Date de la fin du projet : | **Janvier 2003** |
| Catégorie de recherche : | **Atelier** |
| Institution : | **Université de Toronto** |
| Numéro du projet : | **6795-15-2001/4430006** |

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## *Résumé*


**Aperçu**

Un atelier interactif de cinq jours a eu lieu en juin 2002 à l'Université de Toronto et a réuni des participants des secteurs de la recherche et des politiques gouvernementales du Canada et de la Suède. L'atelier prévoyait des séminaires intensifs, qui se sont échelonnés sur quatre jours et ont été dirigés par des équipes de participants, ainsi qu'un symposium public d'une journée. Les séminaires ont été axés sur la conception et l'exécution de travaux de recherche liés aux soins de santé, à la technologie et à l'espace, de même que sur les conséquences pour divers secteurs décisionnels de la prestation de services de soins de santé dans des régions géographiques dispersées. Ces secteurs comprennent le logement, les services sociaux et les accords commerciaux internationaux. Le symposium avait comme objectif : d'illustrer les perspectives de chercheurs connus à l'échelle internationale quant à l'avenir des établissements de soins de santé; de reconnaître le rôle des décisionnaires pour ce qui est de l'application des connaissances dans les organismes et industries de soins à domicile et de soins communautaires; et de lancer le programme de formation stratégique des IRSC sur les soins de santé, la technologie et l'espace.

**Pourquoi est-ce important?**

La restructuration du système de santé du Canada et en Suède a entraîné l'accroissement du nombre et du type d'établissements où l'on recherche, administre et reçoit les soins. Les pressions financières et démographiques, conjuguées aux avancées technologiques, à la mondialisation et aux changements sur le plan des attitudes sociales, ont fait en sorte qu'un vaste éventail de soins de santé sont maintenant répartis dans les hôpitaux, les domiciles, les cliniques, les milieux de travail, les écoles et les établissements de « soins électroniques ». Les personnes qui reçoivent des soins, peu importe leur âge et leur état de santé et leur déficience, explorent une série non linéaire de sites Web sur les soins pour y trouver les services de santé dont elles ont besoin. Il est difficile de comprendre les défis uniques que posent la répartition géographiquement décentralisée et l'aspect technomédiatique des soins de santé; une collaboration est essentielle à cet égard, surtout en raison de la participation de tant de secteurs d'intervention.

**Objectifs**

1) Acquérir des connaissances propres à la réciprocité dynamique des soins de santé, de la technologie et de l'espace, par le truchement d'échanges interdisciplinaires et internationaux; 2) établir les priorités en matière de recherche en collaboration avec les décisionnaires; et 3) concevoir et mettre en œuvre des études internationales. Voici les résultats prévus : 1) renforcement de la capacité de recherche pour examiner les soins de santé technomédiatiques qui sont dispensés à des endroits multiples; 2) participation continue du secteur des politiques à l'élaboration de projets de recherche; 3) échanges et détachements pour favoriser l'enrichissement mutuel et le transfert des connaissances; et 4) accroissement de l'attention explicite accordée aux établissements de soins de santé et aux technologies servant à l'élaboration des politiques.

**Recrutement**

Un total de quarante-trois participants, soit des universitaires, des étudiants diplômés et des décisionnaires des deux pays, ont pris part au processus.

**Programmes d'études**

Cinq thèmes relatifs aux programmes d'études ont été conçus à partir de l'expertise et de l'intérêt des participants :

- questions juridiques, politiques et stratégiques propres aux établissements de soins de santé;
- prestation des soins de santé dans les établissements de soins à domicile et de soins communautaires;
- structuration et prestation du travail en matière de soins de santé;

- qualité de la vie des personnes malades et des soins qui leur sont prodigués; et
- questions morales touchant la recherche, la pratique et les politiques des établissements de soins de santé.

Les participants ont été regroupés en dix petites équipes (cinq du Canada et cinq de la Suède). Pour promouvoir le franchissement des frontières, la composition de chaque équipe canadienne a été transnationale, interdisciplinaire et interprofessionnelle. Au Canada, les chefs d'équipe ont tenu une rencontre mensuelle pour concevoir des pratiques exemplaires en vue d'une collaboration interdisciplinaire et interprofessionnelle. Les résultats de ces rencontres ont été présentés à l'occasion de la séance d'introduction sur les perspectives interdisciplinaires sur les théories, les méthodes et les politiques.

**Activités spéciales**

On a planifié plusieurs activités spéciales pour compléter les modules quotidiens de formation. Le professeur Ross Gray (Toronto Sunnybrook Regional Cancer Centre) a présenté une analyse préliminaire de sa dramatique primée « *Handle With Care? Women Living with Matastatic Breast Cancer* ». Les participants ont ensuite discuté de l'utilité des médias non traditionnels, dont la littérature et les beaux-arts, pour la recherche sur les soins de santé et l'application des connaissances.

On a également organisé trois visites uniques :

- Initiation aux technologies d'assistance pour les soins à domicile et les soins communautaires, au Centre d'études sur le vieillissement (Sunnybrook and Women's College Health Sciences Centre);
- Initiation au Réseau de télécommunications de santé à distance du Nord de l'Ontario (NORTH) (Sunnybrook and Women's College Health Sciences Centre);
- Initiation à l'architecture de la guérison au Hospital for Sick Children.

**Symposium public**

L'activité récapitulative de l'atelier a consisté en un symposium intitulé « 21st Century Health Care: Here, There, and Everywhere ». Il visait à illustrer l'innovation en recherche de calibre international, à favoriser une nouvelle philosophie quant à l'application des connaissances propres aux établissements de soins de santé, et à lancer le tout nouveau programme de formation stratégique des IRSC sur les soins de santé, la technologie et l'espace.

On a établi une salle de présentation par affiches pour les participants, de sorte qu'ils puissent se rencontrer et connaître les activités d'application des connaissances et de recherche des décisionnaires en matière de soins à domicile et de soins communautaires, notamment l'Association canadienne de soins et services à domicile, la Change Foundation, le Calea Home Care, les Services de santé ComCare, le Saint Elizabeth Health Care, les Infirmières de l'Ordre

de Victoria du Canada et les We Care Health Services.

On a fourni un espace en vue de l'exposition du Dr Mark Nowaczynski, intitulée « House Calls: A Physician's Photo Essay on Home Care ». Cette galerie primée de photographies documentaires souligne la grande efficacité des initiatives d'application des connaissances non traditionnelles dans les soins de santé.

**Diffusion des délibérations**

L'ensemble des documents conçus au moyen de l'atelier, dont les listes de livres et les documents liés aux programmes d'études, sont affichés sur le site Web du Home Care Evaluation and Research Centre (HCERC). Les intervenants ont été informés de la disponibilité de ces documents par le truchement du listserv du HCERC. La générosité dont a fait preuve Santé Canada pour le financement de cette activité est mise en évidence sur la page Web de l'atelier.

L'objet principal de l'atelier consistait à promouvoir la recherche en soins de santé et l'application des connaissances en transcendance des frontières universitaires et au-delà du milieu universitaire. En conséquence, les méthodes d'application des connaissances ont fait l'objet de demandes de renseignements au cours de l'atelier. Grâce à des modules de formation, à des activités spéciales et au symposium public, on a étudié les nouvelles techniques de diffusion (p. ex., promotion de la cybersanté, recours aux arts visuels et aux dramatiques), les nouvelles orientations de carrière (p. ex., « chercheur en résidence », « praticien-analyste des politiques », « médecin-documentariste »), ainsi que les occasions et les défis liés à la communication entre les professions, les disciplines et les régions.

Sept mois après l'atelier, on continue de favoriser les activités de recherche intégrée et d'application des connaissances. En voici les principaux résultats :

- diffusion aux auditoires pertinents, y compris la journée de réflexion du Children and Youth Home Care Network (septembre 2002), la réunion du Réseau canadien de transfert de la recherche (octobre 2002), la réunion de la Fondation canadienne de la recherche sur les services de santé (FCRSS) (octobre 2002) et la réunion de l'Association canadienne de soins et services à domicile (novembre 2002);

- analyse des politiques interprofessionnelles : rapport Romanow. Karen Spalding, chercheuse-praticienne de l'Ontario, et Brenda Canitz, représentante des politiques de la Colombie-Britannique, ont conjointement élaboré une présentation à l'intention de la Commission sur l'avenir des soins de santé au Canada. La présentation, qui traitait de la nécessité d'un programme national de soins à domicile dispensés aux enfants, a été effectuée dans le cadre de la réunion de l'Association canadienne de soins et services à domicile.

- modèles de recherche interprofessionnelle : chercheur en résidence. On a invité le partenaire décisionnaire, le Saint Elizabeth Health Care et Wendy Young, chercheuse post-doctorale, à prendre la parole à l'occasion de la réunion de la Fondation canadienne de la recherche sur les services de santé, au sujet de leur programme de résidence de recherche. M[me] Young a participé activement à l'atelier, tandis que le Saint Elizabeth a pris part à la séance de présentation d'une affiche. Cette affiche a mis en évidence le rôle associé à l'exécution de la recherche avec des organismes de politiques et de pratiques, et au sein de ceux-ci;

- collaboration à la recherche intersectorielle : caractère adéquat du logement pour les soins à domicile. À la suite de l'établissement de liens lors de l'atelier, on a invité la Société canadienne d'hypothèques et de logement à participer, comme partenaire sur le plan des politiques, à la conception d'un instrument multifonctionnel pour évaluer le caractère adéquat du logement pour les soins à domicile à long terme. Peter C. Coyte, codirecteur de l'atelier, dirige ce projet de recherche, en collaboration avec l'unité de recherche en gestion hospitalière du ministère de la Santé et des Soins de longue durée de l'Ontario.

**Les opinions exprimées ici ne représentent pas nécessairement le point de vue de Santé Canada**

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En plus de ce résumé, vous pouvez obtenir le rapport des deux manières décrites ci-dessous.

- La version papier du rapport final complet est disponible dans la langue de soumission à la bibliothèque de Santé Canada, par prêt entre bibliothèques.
- La version électronique du rapport final est disponible sur demande dans la langue de soumission. Pour l=obtenir, écrivez à Santé Canada à l=adresse suivante : rmddinfo@hc-sc.gc.ca

Cette recherche a été effectuée grâce à la contribution financière du Programme de recherche sur les politiques en matière de santé de Santé Canada. Pour obtenir la permission de reproduire la totalité ou une partie du rapport de recherche, veuillez communiquer directement avec le chercheur principal à l=adresse suivante : peter.coyte@utoronto.ca.

Le Programme de recherche sur les politiques en matière de santé (PRPS) finance des recherches qui fournissent une base de données probantes pour les décisions stratégiques de Santé Canada. Le PRPS est un programme stratégique ciblé ayant une vaste orientation socioéconomique

ainsi que des connexions avec les engagements aux échelons nationaux et internationaux. La recherche peut être primaire, secondaire ou de synthèse, une contribution unique à une initiative de recherche de développement ou bien un atelier, un séminaire ou une conférence.

Les détails relatifs au PRPS, ses processus, ses procédures, et son financement, sont accessibles à l'adresse suivante :

http://www.hc-sc.gc.ca/iacb-dgiac/arad-draa/francais/dgdr/prpsindex.html

Grant No. 6795-15-2001-4430006

"Health Care Settings and Public Policy: An International Collaborative Workshop"
June 10 – 14, 2002
University of Toronto

Final Report to:

Health Canada
Research Management & Dissemination Division
Room 15034B, Address Locator 1915A
Ottawa, Ontario, K1A OK9

Submitted by:

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January 2003

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## ONE PAGE SUMMARY

### Health Care Settings and Public Policy: An International Collaborative Research Workshop June 10-14, 2002, University of Toronto

**Overview:**
In June 2002, a five-day Collaborative Workshop took place at University of Toronto, with participants from research and public policy sectors in Canada and Sweden. The Workshop consisted of four days of intensive, participant team-led seminars and a day-long Public Symposium. Seminars focused on the design and conduct of research related to health care, technology, and place, and the implications of geographically dispersed health care service provision for diverse policy sectors, including housing, social services, and international trade agreements. The objectives of the Symposium were: to showcase internationally recognized researchers' perspectives on the future of health care settings; to recognize the knowledge translation role played by decision makers in home and community care agencies and industries; and to launch the CIHR Strategic Training Program in Health Care, Technology, and Place.

**Why is it Important?**
Health restructuring in Canada and Sweden has increased the number and types of settings in which care is sought, delivered, and received. Due to fiscal and demographic pressures, together with technological advances, globalization, and changes in social attitudes, a broad spectrum of health care is now dispersed across hospital, home, clinic, workplace, school, and "eCare" settings." Care recipients of all ages and in all states of health and disability navigate a non-linear web of care sites to access the health services they require. Understanding the unique challenges posed by geographically decentralized, technology-mediated health care order is difficult and requires collaborative efforts, particularly because so many policy sectors are involved.

**Objectives:**
(1) To exchange and build knowledge pertinent to the relationships among of health care, technology, and place through interdisciplinary and international exchange; (2) to generate research priorities in concert with decision-makers; and (3) to design and implement international studies. Anticipated outcomes: (1) enhanced research capacity to examine multi-sited, technology-mediated health care; (2) ongoing policy sector involvement in research proposals; (4) exchanges and secondments to foster cross-fertilization and knowledge transfer; and (5) more explicit attention paid to health care settings and technologies in policy development.

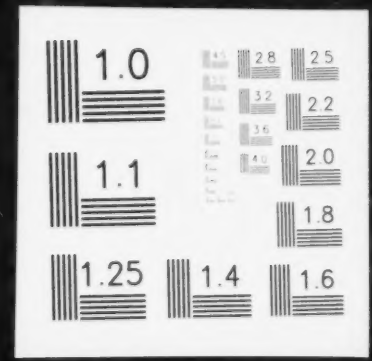
**Funding and Partners:**
Primary financial support for this workshop was sought from and provided by the Health Policy Research Program, Research Management and Dissemination Division, Information, Analysis and Connectivity Branch, Health Canada ($58, 000). Other supporting partners included the Canadian Institutes of Health Research, the Canadian Health Services Research Foundation, the University of Toronto, the Karolinska Institutet, Sweden; and the Ersta Skondal University College, Sweden.

**Cadres de prestation de soins de santé et politiques publiques : Atelier de recherche de collaboration internationale**
**10 au 14 juin 2002, Université de Toronto**

**Aperçu:**
En juin 2002, un atelier de collaboration d'une durée de cinq jours qui comptait des participants des secteurs de la recherche et de l'élaboration des politiques du Canada et de la Suède s'est tenu à l'Université de Toronto. Cet atelier comportait quatre jours de séminaires intensifs dirigés par des équipes de participants et un symposium public d'une journée. Les séminaires ont abordé la conception et la direction de la recherche relative aux soins de santé, à la technologie et à l'espace, ainsi que les répercussions de la prestation de services de soins de santé géographiquement dispersés sur divers secteurs d'élaboration des politiques, y compris ceux touchant le logement, les services sociaux et les accords commerciaux internationaux. Les objectifs du symposium étaient : de présenter les points de vue de chercheurs internationalement reconnus en ce qui concerne l'avenir des cadres de prestation des soins de santé; de reconnaître le rôle de transmission des connaissances joué par les décideurs des agences de soins à domicile, des centres de soins communautaires et des industries; ainsi que de lancer le Programme de formation stratégique des IRSC en soins de santé, technologie et espace.

**Exposé raisonné :**
Au Canada et en Suède, la restructuration du système de santé a engendré une augmentation du nombre et des types de cadres dans lesquels on recherche, fournit et reçoit des soins. En raison des pressions financières et démographiques, des avancées technologiques, de la mondialisation et des changements d'attitudes sociales, on a aujourd'hui accès à une vaste gamme de soins de santé, offerts dans des cadres aussi variés que l'hôpital, la maison, la clinique, le lieu de travail, l'école et Internet. Les bénéficiaires de soins de tous âges et de toutes conditions de santé profitent d'un réseau non linéaire d'endroits où ils peuvent avoir accès aux services de soins de santé dont ils ont besoin. Il est difficile de comprendre les problèmes particuliers que posent les soins de santé géographiquement décentralisés et accessibles par l'entremise de la technologie. L'analyse de ces problèmes requiert un travail de collaboration, surtout parce que ce type de soins touche de nombreux secteurs.

**Objectifs :**
(1) Échanger et augmenter la connaissance pertinente aux relations entre les soins de santé, la technologie et l'espace, grâce à des échanges interdisciplinaires et internationaux; (2) inventorier les priorités de la recherche en collaboration avec les décideurs et (3) élaborer et mettre en œuvre des études internationales. Résultats escomptés : (1) amélioration de la capacité de la recherche à étudier les soins de santé offerts à plusieurs endroits et accessibles par l'entremise de la technologie; (2) participation continue du secteur de l'élaboration des politiques dans les projets de recherche; (4) échanges et affectations provisoires visant à favoriser l'intercréativité et la transmission des connaissances et (5) attention plus explicite envers les cadres des soins de santé et les technologies dans l'élaboration des politiques.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**Financement et partenaires :**

L'essentiel du soutien financier de cet atelier provient du Programme de recherche sur les politiques en matière de santé, Division de la gestion de diffusion de la recherche, Direction générale de l'information, de l'analyse et de la connectivité, Santé Canada (58 000 $). Parmi les autres partenaires de soutien, on compte les Instituts de recherche en santé du Canada, la Fondation canadienne de recherche sur les services de santé, l'Université de Toronto, ainsi que le Karolinska Institutet et le collège universitaire Ersta Skondal, de la Suède.

## EXECUTIVE SUMMARY

### "Health Care Settings and Public Policy: An International Collaborative Research Workshop" June 10-14, 2002, University of Toronto

**Overview:**
In June 2002, a five-day Collaborative Workshop took place at University of Toronto, with participants from research and public policy sectors in Canada and Sweden. The Workshop consisted of four days of intensive, participant team-led seminars and a one-day Public Symposium. Seminars focused on the design and conduct of research related to health care, technology, and place, and the implications of geographically dispersed health care service provision for diverse policy sectors. These include housing, social services, and international trade agreements. The objectives of the Symposium were: to showcase internationally recognized researchers' perspectives on the future of health care settings; to recognize the knowledge translation role played by decision makers in home and community care agencies and industries; and to launch the CIHR Strategic Training Program in Health Care, Technology, and Place.

**Why is it Important?**
Health restructuring in Canada and Sweden has increased the number and types of settings in which care is sought, delivered, and received. Due to fiscal and demographic pressures, together with technological advances, globalization, and changes in social attitudes, a broad spectrum of health care is now dispersed across hospital, home, clinic, workplace, school, and "eCare" settings." Care recipients of all ages and in all states of health and disability navigate a non-linear web of care sites to access the health services they require. Understanding the unique challenges posed by geographically decentralized, technology-mediated health care order is difficult and requires collaborative efforts, particularly because so many policy sectors are involved.

**Objectives:**
(1) Through interdisciplinary and international exchange, to build knowledge pertinent to the dynamic interplay of health care, technology, and place; (2) to generate research priorities in concert with decision-makers; and (3) to design and implement international studies. Anticipated outcomes: (1) enhanced research capacity to examine multi-sited, technology-mediated health care; (2) ongoing policy sector involvement in research proposals; (4) exchanges and secondments to foster cross-fertilization and knowledge transfer; and (5) more explicit attention paid to health care settings and technologies in policy development.

**Recruitment:**
In total, forty-three participants, representing academics, graduate students and policy-makers from the two countries, were involved.

**Curricula:**
On the basis of the participants' expertise and interests, five Curricular Themes were developed:

- Legal, Political, and Policy Issues Pertaining to Health Care Settings;

- Health Care in Home and Community Care Settings;
- Organization and Provision of Health Care Work;
- Quality of Life and Quality of Care for Care Recipients; and
- Ethical Issues Pertaining to Health Care Settings Research, Practice, and Policy.

Participants were assigned to ten small teams (five Canadian; five Swedish). To promote boundary-crossing, the composition of each Canadian team was cross-national, cross-disciplinary, and cross-professional. In Canada, team leaders met monthly to generate best practices for interdisciplinary/interprofessional collaboration. The results of these team leader meetings were presented during the introductory session, entitled "Cross-Disciplinary Perspectives on Theory, Method, and Policy".

**Special Events:**
Several special events were planned to complement the daily curricular modules. Professor Ross Gray (Toronto Sunnybrook Regional Cancer Centre) presented a screening of his award-winning drama, "*Handle With Care? Women Living with Metatstatic Breast Cancer*". Following the screening, participants discussed the use of use of non-traditional media, including literature and the fine arts, in health care research and knowledge translation.

Three unique field visits were also arranged

- Introduction to assistive technologies for home and community care at The Centre for Studies in Aging (Sunnybrook & Women's College Health Sciences Centre);
- Introduction to Northern Ontario Remote Telecommunications Health (NORTH) Network, (Sunnybrook & Women's College Health Sciences Centre); and
- Introduction to the architecture of healing at The Hospital for Sick Children.

**Public Symposium:**

- A Symposium entitled, "21st Century Health Care: "Here, There, and Everywhere" provided the capstone event for the Workshop. The objectives of Symposium were to showcase world-class research innovation, stimulate new thinking about knowledge translation pertaining to health care settings, and launch the newly CIHR Strategic Training Program in Health Care, Technology, and Place (HCTP).

A poster presentation room was set up for participants to meet and learn about the knowledge translation and research activities of home and community care decision-makers, including: The Canadian Home Care Association; the Change Foundation; Calea Home Care; ComCare Health Services; Saint Elizabeth Health Care; the Victorian Order of Nurses of Canada; and WeCare Health Services.

Exhibition space was provided for "House Calls: A Physician's Photo Essay on Home Care" by Mark Nowaczynski, M.D., PhD. This award-winning installation of documentary photography underscores the power of non-traditional knowledge translation initiatives in health care.

**Dissemination of the Proceedings:**
All documents generated through the Workshop, including reading lists and curricular materials are posted at the HCERC website. Stakeholders have been alerted to the availability of these documents via the HCERC listserve. The generosity of Health Canada in funding this event is acknowledged on the Workshop webpage.

The driving concern of the Workshop was to promote health care research and knowledge translation across academic boundaries and beyond academia. Hence, knowledge translation methods were a topic of inquiry during the Workshop. Innovative modes of dissemination (e.g. eHealth promotion; use of visual arts and drama), innovative career orientations (e.g. "researcher in residence"; "practitioner-policy analyst;" "physician-documentarian"), and the opportunities and challenges associated with communication across professions, disciplines, and regions were explored via the the curricular modules, special events, and Public Symposium.

Seven months following the Workshop, integrative research and knowledge translation activities continue have been stimulated. Key outcomes include:

- Dissemination to pertinent audiences, including the Children and Youth Home Care Network Retreat (September 2002), the Canadian Research Transfer Network Meeting (October 2002), the Canadian Health Services Research Foundation CADRE Meeting (October 2002), and the Canadian Home Care Association Meeting (November 2002).

- Cross-professional policy analysis: Romanow Report. Ontario researcher-practitioner Karen Spalding and B.C policy representative Brenda Canitz co-developed a submission to the *Commission on the Future of Health Care in Canada.* The submission, addressing the need for a national paediatric home care program, was presented at the Canadian Home Care Association Meeting and is available on the Commission website and at www.hcerc.org/cyhn.html.

- Cross-professional research models: Researcher-in-Residence. Decision-Maker partner, Saint Elizabeth Health Care, and Post-Doctoral Researcher Wendy Young have been invited to speak at the Canadian Health Services Research Foundation March concerning their researcher-in-residency program. Dr. Young was an active Workshop participant, and Saint Elizabeth participated in the poster-presentation session. The poster emphasized the role of conducting research with and within policy and practice organizations.

Cross-sectoral research collaboration: Housing Adequacy for Home Care. As a result of linkages developed at the Workshop, Canada Mortgage and Housing Corporation was invited to participate as a policy partner in developing a multi-purpose instrument to assess housing adequacy for long-term home care. This research project is led by Workshop Co-Director Peter C. Coyte, with support from the Ontario Ministry of Health and Long Term Care – Hospital Management Research Unit.

## DETAILED REPORT

### "Health Care Settings and Public Policy: An International Collaborative Research Workshop" June 10-14, 2002, University of Toronto

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**Methods and Recruitment:**
Four Canadian public policy personnel were identified early on as Workshop participants, and were named on the funding proposal submitted to Health Canada. These individuals represent provincial and national government agencies responsible for health care, housing, and children and family services. Competitive recruitment of Canadian researchers and other decision makers began in January 2002.

A Request for Applications (see Appendix 1) was distributed to membership lists of the Home and Community Care Evaluation and Research Centre, the Canadian Health Economics Research Association, the Children and Youth Home Care Network, and allied Canadian listserves. Two applications were received from internationally-based faculty who study the Canadian home care and health care context. Twenty-two applications were received from faculty and graduate students in diverse disciplines across Canada.

Workshop Co-Directors evaluated applications using three criteria: interdisciplinary research aptitude; prior research excellence; and research goals pertinent to the Workshop topic, "Health Care Settings and Public Policy." Applicants who had successfully participated in the 2001 Workshop were prioritized for 2002 in order to sustain established relationships and research networks. In total, twenty-four Canadians participated in the Workshop, representing diverse areas of the country, diverse disciplines, and policy sectors.

In Sweden a separate recruitment system was managed by Karolinska Research Institute and Ersta Skondal University College. Seventeen researchers were recruited. Spaces reserved for Swedish policy representatives were not filled due to less developed networks between the research institutes and the policy sectors. In total, forty-three participants were involved. (see Appendix 2).

**Table 1: Regional and Professional Representation of Workshop Participants**

| | Graduate Student | Faculty | Policy/Health Care Agency Personnel | Other | Subtotal | %Canada | % Total |
|---|---|---|---|---|---|---|---|
| Maritimes | | | | | | | |
| Ontario | 7 | 6 | 3 | 1 | 17 | 71 | 40 |
| Quebec | 1 | | | | 1 | 4 | 9 |
| Prairie | 1 | 1 | | | 2 | 8 | 5 |
| BC | 1 | | 1 | | 2 | 8 | 5 |
| National | | | 2 | | 2 | 8 | 5 |
| Subtotal Canada | 10 | 7 | 6 | 1 | 24 | 100 | 56 |
| International | 0 | 2 | 0 | 1 | 2 | n/a | 5 |
| Sweden | 7 | 10 | 0 | | 17 | n/a | 40 |
| Subtotal | 17 | 19 | 6 | 1 | 43 | n/a | 100 |
| % Total | 40 | 44 | 14 | 2 | 100 | n/a | 100 |

**Funding and Partners:**

Primary financial support for this workshop was sought from and provided by the Health Policy Research Program, Research Management and Dissemination Division, Information, Analysis and Connectivity Branch, Health Canada ($58,000). Other supporting partners included the Canadian Institutes of Health Research, the Canadian Health Services Research Foundation, the University of Toronto, the Karolinska Institutet, Sweden; and the Ersta Skondal University College, Sweden.

**Curricula:**
On the basis of the participants' expertise and interests, five Curricular Themes were developed:

- Legal, Political, and Policy Issues Pertaining to Health Care Settings;
- Health Care in Home and Community Care Settings;
- Organization and Provision of Health Care Work;
- Quality of Life and Quality of Care for Care Recipients; and
- Ethical Issues Pertaining to Health Care Settings Research, Practice, and Policy.

Participants were assigned to ten small teams (five Canadian; five Swedish). To promote boundary-crossing, the composition of each Canadian team was cross-national, cross-disciplinary, and cross-professional. In Canada, team leaders met monthly to generate best practices for interdisciplinary/interprofessional collaboration. The results of these team leader meetings were presented during the introductory session, entitled "Cross-Disciplinary Perspectives on Theory, Method, and Policy".

Canadian and Swedish teams were paired according to theme, and interacted via email to link their presentations. From February through June, each team convened on a bi-weekly basis to develop learning objectives, workshop exercises, literature reviews, and reading lists. Every month, draft module outlines were updated for the workshop webpage (www.hcerc.org/icworkshop.html), which was used as a shared virtual workspace for participants. Posting materials to the website was particularly helpful for sharing information between Canada and Sweden, and in gauging the progress of the participants. The final "workshop module kit" is attached, with a program agenda (see Appendix 3).

**Special Events:**
Several special events were planned to complement the daily curricular modules. Professor Ross Gray (Toronto Sunnybrook Regional Cancer Centre) presented a screening of his award-winning drama, "*Handle With Care? Women Living with Metatstatic Breast Cancer*". Following the screening, participants discussed the use of use of non-traditional media, including literature and the fine arts, in health care research and knowledge translation.

Three unique field visits were also arranged (see Appendix 4):

- Introduction to assistive technologies for home and community care at The Centre for Studies in Aging (Sunnybrook & Women's College Health Sciences Centre);
- Introduction to Northern Ontario Remote Telecommunications Health (NORTH) Network, (Sunnybrook & Women's College Health Sciences Centre); and
- Introduction to the architecture of healing at The Hospital for Sick Children.

**Public Symposium:**
A Symposium entitled, "21st Century Health Care: "Here, There, and Everywhere" provided the capstone event for the Workshop. The objectives of Symposium were to showcase world-class research innovation, stimulate new thinking about knowledge translation pertaining to

health care settings, and launch the newly CIHR Strategic Training Program in Health Care, Technology, and Place (HCTP). 100 members of the health research and health policy community in Canada attended the day-long event, which was open to the public free of charge, and included a luncheon and afternoon celebratory reception. Introductory remarks were made by Alan Bernstein, President of CIHR; Morris Barer, Scientific Director of the CIHR Institute for Health Services and Policy Research; and Michael Marrus, Dean of Graduate Studies, University of Toronto. Each lauded this initiative to address contemporary health care settings from interdisciplinary and knowledge translation perspectives. The Federal Minister of Health, Health Canada Directors and representatives from the Ontario Ministry of Health and Long Term Care were invited to this event.

The majority of the day was devoted to presentations by three internationally prestigious health researchers. The implications of future health care settings were explored in terms of:

- social stratification (Professor Robin Kearns, Dept. of Geography, University of Auckland);
- physician-patient communication (Dr. Wendy Levinson, Director of Research, St. Michael's Hospital, Toronto); and
- eHealth Innovations (Professor Alejandro Jadad, Canada Research Chair, University Health Network, Toronto).

A poster presentation room was set up for participants to meet and learn about the knowledge translation and research activities of home and community care decision-makers, including: The Canadian Home Care Association; the Change Foundation; Calea Home Care; ComCare Health Services; Saint Elizabeth Health Care; the Victorian Order of Nurses of Canada; and WeCare Health Services.

Exhibition space was provided for "House Calls: A Physician's Photo Essay on Home Care" by Mark Nowaczynski, M.D., PhD. This award-winning installation of documentary photography underscores the power of non-traditional knowledge translation initiatives in health care.

**Dissemination of the Proceedings:**

All documents generated through the Workshop, including reading lists and curricular materials are posted at the HCERC website. Stakeholders have been alerted to the availability of these documents via the HCERC listserve. The generosity of Health Canada in funding this event is acknowledged on the Workshop webpage.

The driving concern of the Workshop was to promote health care research and knowledge translation across academic boundaries and beyond academia. Hence, knowledge translation methods were a topic of inquiry during the Workshop. Innovative modes of dissemination (e.g. eHealth promotion; use of visual arts and drama), innovative career orientations (e.g. "researcher in residence"; "practitioner-policy analyst;" "physician-documentarian"), and the opportunities and challenges associated with communication across professions, disciplines, and regions were explored via the curricular modules, special events, and Public Symposium.

Seven months following the Workshop, integrative research and knowledge translation activities continue have been stimulated. These include:

- Dissemination to pertinent audiences, including the Children and Youth Home Care Network Retreat (September 2002), the Canadian Research Transfer Network Meeting (October 2002), the Canadian Health Services Research Foundation CADRE Meeting (October 2002), and the Canadian Home Care Association Meeting (November 2002).

- Cross-professional policy analysis: Romanow Report. Ontario researcher-practitioner Karen Spalding and B.C policy representative Brenda Canitz co-developed a submission to the *Commission on the Future of Health Care in Canada.* The submission, addressing the need for a national paediatric home care program, was presented at the Canadian Home Care Association Meeting and is available on the Commission website and at www.hcerc.org/cyhn.html.

- Cross-professional research models: Researcher-in-Residence. Decision-Maker partner, Saint Elizabeth Health Care, and Post-Doctoral Researcher Wendy Young have been invited to speak at the Canadian Health Services Research Foundation March concerning their researcher-in-residency program. Dr. Young was an active Workshop participant, and Saint Elizabeth participated in the poster-presentation session. The poster emphasized the role of conducting research with and within policy and practice organizations.

- Cross-sectoral research collaboration: Housing Adequacy for Home Care. As a result of linkages developed at the Workshop, Canada Mortgage and Housing Corporation was invited to participate as a policy partner in developing a multi-purpose instrument to assess housing adequacy for long-term home care. This research project is led by Workshop Co-Director Peter C. Coyte, with support from the Ontario Ministry of Health and Long Term Care – Hospital Management Research Unit.

- Cross-sectoral research collaboration: Photography and Mapping in Home Care Research. Multi-media research and dissemination: Physician/documentarist Mark Nowaczynski and researcher Gavin Andrews are developing plans to use photographic images and maps to document accessibility of home care services among seniors living in Toronto.

- Interdisciplinary knowledge translation. Physician/documentarist Mark Nowaczynski's photodocumentary was published in the Globe and Mail, highlighted on Global TV, and won a Canadian Nurses Association Canadian Nurses Association Media Award for Health Care Reporting.

- Cross-national research: International Home Care Ethics Standards. Canadian bioethicist Elizabeth Peter and Swedish nursing researcher Kim Lutzen are developing the first home care ethics research program for Sweden (funded by the Swedish Research Council). This work is based on Peter's workshop presentation of her home

care ethics program for Canada (2001). A comparative analysis of Swedish-Canadian home care ethics models is also planned.

- Cross-national research: Therapeutic Landscapes. New Zealand researcher Robin Kearns and Canadian researcher Gavin Andrews have completed a joint research paper addressing therapeutic landscape in historical perspective. The paper will soon be submitted for academic publication.

- Cross-national research: Urban Neighbourhoods and Long Term Care Provision. Gavin Andrews and Janine Wiles developed a 3-year research proposal for the Canadian Institutes of Health Research to investigate spatial, economic and social aspects of urban neighbourhoods that influence long-term home care provision.

- Cross-national research: Telehealth: A Canadian researcher employed at a health services delivery organization (Wendy Young) and a Swedish nursing researcher (Harriet Berthold) are planning joint research submissions focused on telehealth and eLearning.

- Cross-national research: The Paediatric Hospital in International Perspective. Researchers Patricia McKeever, Robin Kearns, and Emma Rylander are developing an interdisciplinary comparison of paediatric hospital design in Canada, New Zealand, and Sweden.

- Cross-national Research: Therapeutic Landscapes and Social Stratification. New Zealand geographer Robin Kearns has been invited by Swedish researcher Britt-Marie Ternestedt to participate as keynote speaker at Ersta Skondal University College nursing research conference, August 2003. His topic will address changing health care settings and therapeutic landscapes.